

VENDOR PROFILE INFORMATION

The purpose of this form is to provide mandatory award and payment information for NOAA. This information is required as set forth in FAR 52.232-34, *Payment by Electronic Funds Transfer – Other Than Central Contractor Registration*, the Debt Collection Improvement Act of 1996, and the Taxpayer Relief Act of 1997. NOAA will use the information only for the purposes states in the references cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. Until this information is received, our payment office will not make any payments. It is the vendor's responsibility to update information as changes occur.

Please Check One: ☐ New ☐ Change (please complete bolded areas only, along with your changes)

NAME: Legal Name _____

Parent Company Name (if applicable) _____

Division/Subunit _____

Acronym or Shortened Name (8 characters or less) _____

Individual/Business/Organization's Sales Address and Point of Contact

POC Name _____

Address _____

Line 1 _____

Address _____

Line 2 _____

City _____

State _____ Zip _____ - _____ Country _____

Phone (____) _____ Fax (____) _____ Toll Free (____) _____

Email _____
Address _____ Web Page Address (URL) _____

If *Payment Remit Address* is different than the *Sales Address*, please provide the following:

POC Name _____

Address _____

Line 1 _____

Address _____

Line 2 _____

City _____

State _____ Zip _____ - _____ Country _____

Phone (____) _____ Fax (____) _____ Toll Free (____) _____

Internet _____
Email _____
Address _____

Taxpayer Identification Number (TIN) ***SSN (Individual/Sole Proprietorship)** _____**EIN (Corporation/Partnership/Sole Proprietorship with one or more employees)** _____**# Of Parent Company** _____**# Of Division/Subunit** _____**DUNS # (Commercial Vendors Only)** _____**DOC/NOAA Customer Account Number (if any)** _____

The Taxpayer Identification Number (TIN) is required by law. If you fail to provide us with this information, your payments may be subject to income tax withholding.

Type of Business (Can select more than one)

<input type="checkbox"/> Manufacturer or Producer	<input type="checkbox"/> Construction Concern	<input type="checkbox"/> Surplus Dealer
<input type="checkbox"/> Service Establishment	<input type="checkbox"/> Research and Development	<input type="checkbox"/> Regular Dealer

What type of Vendor are you? Select One:

<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Individual
<input type="checkbox"/> Other Small Business	<input type="checkbox"/> Other Non-Profit Organization
<input type="checkbox"/> Large Business	<input type="checkbox"/> State/Local Government
<input type="checkbox"/> JWOD Non-Profit Agency	<input type="checkbox"/> Foreign Contractor
<input type="checkbox"/> Educational Organization	<input type="checkbox"/> Domestic Contractor Performing Outside US
<input type="checkbox"/> Hospital	<input type="checkbox"/> Tribal Government
<input type="checkbox"/> Federal Government	<input type="checkbox"/> HBC/U or Mi

Ownership. Select All that Apply.

Foreign Corporation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Minority Owned and Operated Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Women Owned and Operated Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veteran - Vietnam	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veteran - Disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8a Status	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ethnic Orientation. Select as appropriate, if applicable:

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Island/Hawaiian Native	

Type of Entity/Account Applicable to the TIN. (See Form W-9 Request for Taxpayer Identification Number & Certification, Specific Instructions Section.) Select One:

<input type="checkbox"/> Broker or Registered Nominee	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Revocable Savings Trust	<input type="checkbox"/> Custodian Account of a Minor	<input type="checkbox"/> Valid Trust, Estate, Pension Trust
<input type="checkbox"/> Association, Club, Religious, Charitable, Educational, or other Tax Exempt Organization	<input type="checkbox"/> Account with the Dept of Agriculture in the name of a public entity (such as State/Local Government, School District, or Prison)	<input type="checkbox"/> Joint Account (Two or more Individuals)

Do you require payment in foreign currency? Yes ☐ No ☐ Type of Currency? _____*Please indicate the type of products you provide to NOAA.*Services Only ☐ Goods Only ☐ Goods/Services ☐**ELECTRONIC FUNDS TRANSFER (EFT):**

The Debt Collection Improvement Act of 1996 mandates the use of EFT for all Federal payments to recipients who become eligible to receive such payments 90 days after enactment, which was July 26, 1996. Federal agencies may grant waivers for this mandate to recipients who certify in writing and send to the Finance Office stating that they do not have an account with a financial institution. Please select one of the following payment methods:

1. ☐ EFT (Automated Clearing House Payments (ACH))
2. ☐ Check (Must submit request for waiver in writing to the Finance Office, along with this form)
3. ☐ OPAC (Federal Agencies Only)

If Line 1 was checked above, please provide the following financial information for EFT payments. (The ACH Coordinator at your financial institution can supply you with this information.)

Financial Institution
Name _____
Address _____
City _____ State _____ Zip _____
ACH Coordinator Name _____ Phone _____
Nine Digit Routing /
Transit Number (ABA#) _____
Account Title _____

Type of Account. Select One:

<input type="checkbox"/> Checking	Account Number	_____
<input type="checkbox"/> Savings	Account Number	_____
<input type="checkbox"/> Lockbox	Account Number	_____

I certify that the information that I have provided on this form is correct.

Name (Type or Print) _____
Title _____
Phone Number _____
Signature _____ Date _____